

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.44	0505
Certified Fee	\$2.80	18
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	10/18/2010

Sent To
 The Vue North Carolina, LLC c/o MCL Companies
 Street, Apt. No.,
 or PO Box No. 455 E. Illinois St, Suite 565
 City, State, ZIP+4
 Chicago, IL 60611

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 The Vue North Carolina, LLC
 c/o MCL Companies
 455 E. Illinois, Suite 565
 Chicago, IL 60611

2. Article Number
 (Transfer from service label) 7010 0780 0001 1391 2233

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Mary Stalter ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 10/18/10

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

EXHIBIT
 3